

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087210

1. Entity Name

THE NETWORK CORPORATION OF JACKSONVILLE

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90081 048 ***150.00

Principal Place of Business

Mailing Address

4190 BELFORT RD.
STE 350
JACKSONVILLE FL 32216
US

4190 BELFORT RD.
STE 350
JACKSONVILLE FL 32216-1419
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3217865

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFFEY, FRED H
6620 SOUTHPOINT DRIVE SOUTH
STE. 300
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCAS			
	BOWER, E.B.	4190 BELFORT RD, STE 350	JACKSONVILLE FL	
	DPS			
	MCGRIFF, W.A. III	4190 BELFORT RD, STE 350	JACKSONVILLE FL	
	V			<input checked="" type="checkbox"/> Delete
	SHERRE, LINDA H.	100 TWELVE OAKS LANE	PONTE VEDRA BCH FL 32082	
	V			<input checked="" type="checkbox"/> Delete
	SAPIA, JOAN I	1655 SELVA MARINA DR	ATLANTIC BCH FL 32233	
	V			<input type="checkbox"/> Delete
	HILL, CAROL A	3442 WESTOVER RD	ORANGE PARK FL 32073	
	V			<input checked="" type="checkbox"/> Delete
	DANDY, AMANDA K	23 WALKERS RIDGE DR	PONTE VEDRA BCH FL 32082	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4190 BELFORT RD. STE 350		
		4190 BELFORT RD. STE 350		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 904-296-2797
Date Daytime Phone #